



PTO/SB/31 (02-0 PTO/SB/31 (02-

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO THE **BOARD OF PATENT APPEALS AND INTERFERENCES** GNV19BUSA In re Application of I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first James M. Wilson et al class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on November 7, 2002 Application Number Filed 09/242,977 02/26/1999 For Method for Recombinant Adeno-Signature\_ Associated Virus-Directed Gene Therapy Typed or printed Debra N. Gerstemeier name Group Art Unit Examiner 1632 R. Shukla Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner The fee for this Notice of Appeal is (37 CFR 1.17(b)) 320.00 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the why akodi applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Cathy A. Kodroff, Esquire Reg. No. 33,980 attorney or agent of record. Typed or printed name attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 33,980

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PATENT TRADEMARK OFFICE PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 10

Application Number 09/242,977

Filing Date 02/26/1999

First Named Inventor James M. Wilson et al Group Art Unit 1632

Examiner Name R. Shukla

Attorney Docket Number GNV19BUSA

ENCLOSURES (check all that apply)					
Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group			
Fee Attached	Drawing(s)	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	Petition	Proprietary Information			
Affidavits/declaration(s)	Petition to Convert to a Provisional Application	Status Letter			
Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address	Other Enclosure(s) (please identify below):			
Express Abandonment Request  Information Disclosure Statement	Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	NOV 1 4 2007 TECH CENTER 1600/2900			
Certified Copy of Priority Document(s)	Remarks				
Response to Missing Parts/ Incomplete Application		# 2007 R 1600/			
Response to Missing Parts under 37 CFR 1.52 or 1.53		10/2900			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm or Individual name  Cathy A. Kod Howson and					
Signature Cathur	a Kodion				
Date 11/7/02	00				
CERTIFICATE OF MAILING					

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name

Debra N. Gerstemeier

Signature

Date

Date

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. PTO/SB/17 (10-01)

ACCIDITION OF THE PROPERTY OF COMMERCE

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1 2 000	3095	for	FY	2002	2

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 110.00

sense and of information unless it displays a valid OMB control number			
Complete if Known			
Application Number	09/242,977	0	
Filing Date	02/26/1999	$\mathbb{Z}$	
First Named Inventor	James M. Wilson et al	Щ.	
Examiner Name	R. Shukla	<del></del>	
Group Art Unit	1632	8	
Attorney Docket No.	GNV19BUSA	8	

METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. The Commissioner is hereby authorized to charge indicated feet and exactly	3. ADDITIONAL FEES			
Deposit Deposit	Large Small			
Account Number 08-3040	Entity Entity Fee			
Deposit Account Howson and Howson	Code (\$) Code (\$)	Fee Paid		
Account Name HOWSON and HOWSON	105 130 205 65 Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet			
Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification			
2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination			
Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action			
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action			
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	110.00		
Large Entity Small Entity	116 400 216 200 Extension for reply within second month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 920 217 460 Extension for reply within third month			
101 740 201 370 Utility filing fee	118 1,440 218 720 Extension for reply within fourth month			
106 330 206 165 Design filing fee	128 1,960 228 980 Extension for reply within fifth month			
107 510 207 255 Plant filing fee	119 320 219 160 Notice of Appeal			
108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal			
114 160 214 80 Provisional filing fee	121 280 221 140 Request for oral hearing			
SUBTOTAL (1) (\$)	138 1,510 138 1,510 Petition to institute a public use proceeding			
2. EXTRA CLAIM FEES	140 110 240 55 Petition to revive - unavoidable			
Fee from	141 1,280 241 640 Petition to revive - unintentional			
Total Claims Delow Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)			
Independent 2** -	143 460 243 230 Design issue fee			
Claims X X X X X X X X X X X X X X X X X X X	144 620 244 310 Plant issue fee			
	122 130 122 130 Petitions to the Commissioner			
Large Entity Small Entity	123 50 123 50 Processing fee under 37 CFR 1.17(q)			
Fee Fee Fee Fee Description Code (\$) Code (\$)	126 180 126 180 Submission of Information Disclosure Stmt			
103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)			
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection	j		
104 280 204 140 Multiple dependent claim, if not paid	(37 CFR § 1.129(a)) 149 740 249 370 For each additional invention to be			
109 84 209 42 ** Reissue independent claims over original patent	149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b))			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	179 740 279 370 Request for Continued Examination (RCE)			
and over original paterix	169 900 169 900 Request for expedited examination			
SUBTOTAL (2) (\$)	of a design application Other fee (specify)			
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 11	0.00		

SUBMITTED BY			Complete (i	if applicable)
Name (Print/Type)	Cathy A. Kodroff, Esquire	Registration No. (Attorney/Agent) 33,980	Telephone	(215) 540-9200
Signature	Cathy a Kody	7	Date	11/7/12

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